

EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF \_\_\_\_\_

(Fill in year.)

281  
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 04/03/02

Reg. 2002  
# 7994  
\$110.0000

3060457

Instructions

- Print in ink or type.
- Complete form and return with \$710 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Hodson, Jr Royal C  
Last First MI

2. BUSINESS PHONE 225 298-1225  
Area Code and Phone Number

3. FAX NUMBER 225 298-1226

4. BUSINESS ADDRESS 2900 West Fork St 200 Baton Rouge LA 70827  
Street and No. City State Zip

MAILING ADDRESS SAME  
Street and No. City State Zip

5. EMPLOYER NATIONAL Federation of Independent Business

6. EMPLOYER'S ADDRESS 2900 West Fork St 200 Baton Rouge LA 70827  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name NATIONAL Federation of Independent Business

Address 2900 West Fork St 200 Baton Rouge, LA 70827

Business or purpose Represent the interests of small business owners

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

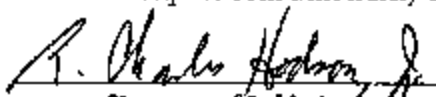
EXECUTIVE LOBBYING  
REGISTRATION FORM

377  
Executive Lobbyist Registration No.

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist

